

State of Tennessee
Record of Microchip Implantation
Return with the Authorization to Vendor Document

	Owner	Premises I.D.#	Microchip Animal I.D. #	Date Applied	Name of Horse	Color	Breed	Age	Sex
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

Total number of horses microchipped = _____ X \$10 = \$_____Submitted

VETERINARIAN

LICENSE NO.

DATE SUBMITTED

REMIT TO:_____

ADDRESS:_____

Ellington Agricultural Ctr., Box 40627, Nashville, TN 37204
Phone (615) 837-5150
Fax (615) 837-5335
Email: tnpremises.id@.state.tn.us